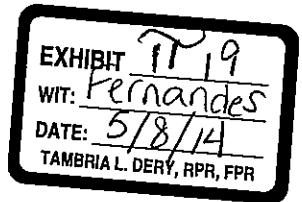

From: Robin Feinglas [rfeinglas@saveology.com]
Sent: Thursday, August 25, 2011 5:08 PM
To: rneill@paramountmedia.us
Cc: Daphne Fernandes; Joshua L. Spoont
Subject: EMI IO's
Attachments: 20110825170551544.pdf

Hi Ryan,

I have the attached Io's from EMI with your signature – dating from 11/22/10 -2/18/11.
Can you verify that this is your signature and that you did work with EMI these dates?

Thanks.

*Robin Feinglas, CP
Certified Senior Corporate Paralegal
Saveology.com LLC
954-691-9820 direct line
954-733-1996 fax*





TRANSFER SERVICE ORDER

Client Name: Present Media GroupAccount Manager: John Lopez

TERMS OF SERVICE

1. All terms and conditions set forth in the Client's Account Application apply to this Service Order.
2. Payment for services is expected in advance. Provider has no obligation to provide service until payment is received.
3. Overpayments and service credits will be applied towards subsequent Service Orders.
4. Client shall be invoiced for actual calls transferred, which may exceed calls ordered by up to 15%.
5. For full credit, this Order must be canceled one full day prior to the scheduled service date. Client will be invoiced for all services provided prior to Company's receipt of a written cancellation notice.
6. Client has read and approved all scripts associated with this Service Order.

SERVICE ORDER DETAILS - (check all that apply)

Cell Screening & Transfers: Cell Transfer Number: 301-291-0002 Per Transfer Rate: 1.60

Start Date	End Date	Start Time (EST)	End Time (EST)	Transfer Total	Per Trans. Cost	Total Cost
2010/07/05	2010/07/11			00	1.60	24.00
Transfers Per Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Target Markets	<u>US, Canada, UK, Japan</u>
Message Details	
Screening Details	
Special Instructions	

PAYMENT METHOD - (Check One)

Wire Transfer:

Bank:
Account Name:
Account Number:
Routing Number:
Payment Details:

Company Check:

Check Submitted: NOTE: Services will not commence until your check has cleared!

Other:

Special Instructions:

\$8,000.00 will be charged to card listed on separate Credit Card Authorization form
Initials

ACKNOWLEDGEMENT: I hereby request delivery of the Services detailed in this Service Order Form, which shall be delivered in accordance with the terms and conditions set forth in the Master Agreement and the additional Terms of Service set forth herein.

Signature: 

Print Name: Ryan M. Neff
Date: 7/14/2011

Fax Completed form to: 704-449-8118

ENTERED


SAV005643



TRANSFER SERVICE ORDER

Client Name: newmediaAccount Manager: atlas

TERMS OF SERVICE

1. All terms and conditions set forth in the Client's Account Application apply to this Service Order.
2. Payment for services is expected in advance. Provider has no obligation to provide services until payment is received.
3. Overpayments and service credits will be applied towards subsequent Service Orders.
4. Client shall be invoiced for actual calls transferred, which may exceed calls ordered by up to 15%.
5. For bad credit, this Order must be canceled one full day prior to the scheduled service date. Client will be invoiced for all services provided prior to Company's receipt of a written cancellation notice.
6. Client has read and approved all scripts associated with this Service Order.

SERVICE ORDER DETAILS - (check all that apply)

Call Screening & Transfer: Call Transfer Number: 123456 Per Transfer Rate: 15.00

Start Date	End Date	Start Time (EST)	End Time (EST)	Transfer Total	Per Trans. Cost	Total Cost
1/1/2011	1/1/2011			150	15.00	1500.00
Transfers	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Per Day						Sunday

Target Markets	US - including NY, LA, PA
Message Details	
Screening Details	
Special Instructions	

PAYMENT METHOD - (Check One)

Wire Transfer:

Bank:
Account Name:
Account Number:
Routing Number:
Payment Details:

Company Check:

Check Submitted: NOTE: Services will not commence until your check has cleared.

Other:

Special Instructions:

\$8,000.00 will be charged to card listed on separate Credit Card Authorization form
Initials:

ACKNOWLEDGEMENT: I hereby request delivery of the Services detailed in this Service Order Form, which shall be delivered in accordance with the terms and conditions set forth in the Master Agreement and the additional Terms of Service set forth herein.

Signature: John Doe

Print Name: John Doe

Date: 2/14/11

Fax Completed form to: 704-404-1234

ENTERED
ENTERED



TRANSFER SERVICE ORDER

Client Name: Paramount GroupAccount Manager: dklager

TERMS OF SERVICE

1. All terms and conditions set forth in the Client's Account Application apply to this Service Order.
2. Payment for services is expected in advance. Provider has no obligation to provide service until payment is received.
3. Overpayments and service credits will be applied towards subsequent Service Orders.
4. Client shall be invoiced for actual calls transferred, which may exceed calls ordered by up to 10%.
5. For full credit, this Order must be canceled one full day prior to the scheduled service date. Client will be invoiced for all services provided prior to Company's receipt of a written cancellation notice.
6. Client has read and approved all scripts associated with this Service Order.

SERVICE ORDER DETAILS - (check all that apply)

Call Screening & Transfer: Call Transfer Number: 800-541-0492 Per Transfer Rate: 15.00

Start Date	End Date	Start Time (EST)	End Time (EST)	Transfer Total	Per Trans. Cost	Total Cost
1/1/2011	2/1/2011			000	15.00	822.00
Transfers Per Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						Sunday

Target Markets	US - Country: US, NY, LA, PA
Message Details	
Screening Details	
Special Instructions	

PAYMENT METHOD - (Check One)

Wire Transfer:

Bank:
Account Name:
Account Number:
Routing Number:
Payment Details:

Company Check:

Check Submitted: NOTE: Services will not commence until your check has cleared!

Other:

Special Instructions:

\$8,320.00 will be charged to card listed on separate Credit Card Authorization form
LAW Initials

ACKNOWLEDGEMENT: I hereby request delivery of the Services detailed in this Service Order Form, which shall be delivered in accordance with the terms and conditions set forth in the Master Agreement and the additional Terms of Service set forth herein.

Signed:

Print Name: Paramount Group
Date: 2/7/11

Fax Completed form to: 704-541-0492

ENTERED
EMI